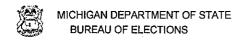
CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE			
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 712108 to 8 25 08		
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.		
150510	RIVARD Michael G.		
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)		
The Committe to Elect	Bay County Road Commission		
Mike Rivard for Roads	4b. County of Residence Boy		
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address		
840N. Garfield Rd	Mike Rivard		
Linwood, M1 48634	840 N. Garfield Rd		
, ' · · · · · · · · · · · · · · · · · ·	Linwood, M1 48634		
Area Code and Phone 989-879-5685			
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	020 070 7 0		
be sent to this address by the filing official.	Area Code & Phone 989-879-5085		
7. Treasurer's Business Address	B. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
840 N. Garfield Rd			
Linwood, MI 48634			
Area Code and Phone 989-879-51/85	Area Code and Phone		
9. TYPE OF STATEMENT	<u>u</u>		
9a. Pre-Election OR 9b. Post			
The Election Or St. Flosi			
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete tem 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
	9e. Dissolution of Candidate Committee		
Primary Gen	eral		
Convention Sch	ool Effective Date of Dissolution		
Special Cauc	By checking this item, NWe certify that the committee has no assets or		
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for		
August 5,2008	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule		
	1B and the Summary Page.		
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign Statements. The Campaign Statements must include all applicable nditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.		
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	ed since the information was shown on the committee's Statement of Organization, an instance of Statement. If a request for a Reporting Waiver is not received on or		
<u> </u>	in the preparation of this statement and attached schedules (if any) and to the best of implete.		
my\our knowledge and belief the contents are true, accurate and co	implete.		
Current Treasurer or MikeRward , Mike Sward pate 9/3/08			
Type or Print Name	Signature Date		
Michael Divard	W. 1. a) 1 glalas		
Candidate Michael Kivard Type or Print Name	Signature Date 1008		

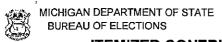


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 150510

The Committee to Elect Mike Rivard 2. Committee Name For Roads

RECEIPTS	Column I	Column II
NEOER 10	This Period	Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>80.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 80.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$.0.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>562.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$,
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 562.26	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	···	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$3,000.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	·
40. Ending Dalance of last report 51-3	422 . 859 11	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) 3 00 13 71	
14. Amount received during reporting period	(14.) + \$ <u>80.00</u>	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>9</u> 39.11	
15. SUBTOTAL Add lines 13 and 14	E/O 2/0	
16. Amount expended during reporting period (Add lines 9 and 11)		
17. ENDING BALANCE	(17.) \$ 376.85	
(Subtract line 16 from line 15)	-	

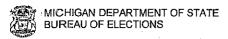


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	00510	
The Committee	to Elect M	like Kivard
z. Committee Name	tor noad	15

Enter contributor's name and address. If of middle initial, Check box to indicate if contributions committee (PAC) Report all contributions	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution #1 PAC Receipt? Name & Address: Matthew Lance 306 N. John Son Bay City MI 4876 5. If over \$100.00 cumulative, please pro	08	ceipt <u>1 25 08</u>	\$ <u>20.00</u>	\$
Occupation	_ Employer		Click Here fo	or Memo Itemization
Business Address	**************************************			
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address John Shankool Ashley Shankool 1438Wallinda Dr ESSEXVIIIE, MIL 5. If over \$100.00 cumulative, please pro	we	eipt 8 22 08	\$50.00 Click Here fo	\$r Memo Itemization
Occupation	Employer		•	
Susiness Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: Lo la Walraven 263 Donanue Be Bay Cary, MI 48701	ach	^{ceipt} 8 24 68	\$ 10.00 Click Here for	\$Memo Itemization
5. If over \$100.00 cumulative, please pro-	•			THE TOTAL OF THE T
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Re	ceipt		
			\$	\$
5. If over \$100.00 cumulative, please prov	/ide:		Click Here for	Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Page of		Page Subtotal Frand Total of All Schedules 1A Iplete on last page of Schedule)	80.00	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee J. D. Number	1505		. P .	D · 1
The Commit	tee to	Elect	MIKE	Kivara
2. Committee Name	tor	-Koad	5	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name Art by Carney Bill Carney Signs Address 3480 Kiesel Rd Bay City, MI 48706 [Fund Raiser	Purpose: Magnetic Signs Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	1 28/08 \$53.00 bate \$53.00 ere for Memo Itemization Type
Expenditure #2 Name Sam & Club Lele Bay Rd Address Saginaw, MI 48602	Purposalandy for Parade	8 49.84 Date \$ 49.84 ere for Memo Itemization Type
Expenditure #3 Name John Shan Kool, Agent Jenny Street Address Bay City, MI 48706	Purposplace Business Che From first reporting	8 22 08 \$ 50.00 ECK Date ore for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4 Name Lynn Rivard 840 N. Garfield Rd Address Linwood, M 48634	Purpose: MITTER Curtridges	8 32 08 \$ 107.00 Pare for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5 Name Bay Co Republican Party Address	Republican Party ? Purpose: <u>Picnic</u>	32408 \$ 60.00
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
	Grand Total of all So	
	(Complete on last page of	of Schedule) Enter this total

Enter this total on line 8a of Summary Page

 $P_{\text{age}} / Q_{\text{of}} 2$



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	50510	
The Committee	to Elect Mik	le Rivaid
2. Committee Name	forkoa	ds

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mike Rivard Address 840 N. Garfield Rd Linwood, MI 48634	Purpose: Sign Material 5 Click H	8 24 08 Date ere for Memo I	\$ <u>70.68</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name Mike Rivard 540 N. Garfield Rd Address Linwood, MI 48634	Purpose: Paint for signs Click Ho	8 24 <i>0</i> 8 Date	\$ 46.47 temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Mike Rivard S40 N. Garfield Rd Address Linwood, MI 48634	Purpose: Gasoline for Campaign travel	8 24 08 Date	\$ <u> 21.57</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Meijer E. Wilder Rd Address Bay City, M. 48706	Purposet ampaign Matchial		\$ <u>3.70</u> temization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5 Name			
Address	Check box if this expenditure is payment of	Date ere for Memo I	\$temization Type
Fund Raiser	debt or obligation reported on previous statement	· · · · · · · · · · · · · · · · · · ·	
	Subtota Grand Total of all S (Complete on last page	al this page chedules 1B of Schedule)	242.42 562.26

Enter this total on line 8a of Summary Page

Page 2_ of 3_



DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

- OANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: Mike Rivard 840 N. Garfield Rd Lin wood, M1 48634 If bank loan, name of endorser or guarantor:	4. Type: Loan 5. Date Debt Was Incurred: 5 13 08 6. Original Amount of Debt: \$ 3000;	\$\$\$\$Amc	\$s	\$ 3 200.000 ☐FORGIVEN
Debt #2 Corp? Yes				
Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$ \$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> :	\$\$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		· An	nount Endorsed: \$	
(Co	omplete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E r to the committee)	3,000.00 Enter this total on line 12a "owed
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed				by"" or line 12b "owed to" of the Summary Page